

Family Information

Office Use Only

Envelope No. _____
Date Entered _____
Date Deleted _____
Date Reinstated _____

Date: _____
Family Name _____ First Name _____ Spouse's Name _____

Street Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Spouse's Name: _____
Religion: _____ Occupation: _____ Religion: _____ Occupation: _____
Birth Date: _____ Cell Phone: _____ Birth Date: _____ Cell Phone: _____
Sex: M/F ____ e-mail address: _____ Sex: M/F ____ e-mail address: _____

Baptized: _____	1st Communion: _____	Confirmed: _____	Baptized: _____	1st Communion: _____	Confirmed: _____
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Marital Status: Single Married Catholic Widowed Separated Divorced Divorced & Remarried

Language : English Spanish French Other (please specify): _____

Children / Other Family Members Living at Home

Name: First & Last	Relationship	M/F	Grade	Date of Birth	Baptized	First Communion	Confirmed

Family Needs: Religious Ed Annulment Marriage Prep Other: _____

Our Ministries: Would you like more information?
Mens : Womens: Family: Choir Lector EMHC

Young Adults: Youth Goups: Middle / High School Other: _____

Volunteer: Would you like more information? Catechist Youth Other: _____

Would you like contribution envelopes? Yes No For OnLine Giving info visit <https://membership.faithdirect.net/CO950>